



DATE: December 15, 2003

TO: All CORPlan Participants

FROM: Rebecca Murray
Human Resources

RE: Clarification of CORPlan Changes
Effective January 1, 2004

We have had a number of inquiries from employees and retirees regarding the upcoming CORPlan changes (effective January 1, 2004) in which each participant will be eligible for 4 network office visits under the appropriate copay (\$30 for primary care doctors* and \$50 for specialists). The following information should clarify the procedure for payment and counting of these and subsequent visits (for all covered charges):

- ▶ The physician's "office visit" coding on the bill will prompt the Great-West Healthcare claims payment system to count "office visits".
- ▶ The first 4 visits incurred by a participant at a network doctor's office will be covered under the appropriate copay (\$30 for primary care doctors and \$50 for specialist).
- ▶ Any ancillary charges billed by the physician in association with one of the 4 office visits covered under the appropriate copay will be covered at 100% after the copay and any discounts.
- ▶ The participant will begin meeting his/her \$350 network deductible on the 5th office visit. After the deductible is met, the plan will pay 80%.
- ▶ Any ancillary charges billed by the network physician's office that do not have an office visit associated with them (i.e. lab, allergy serum, allergy injections, etc.) will not count against the participant's 4 office visits. However, these charges will be payable at 80% after the participant meets the \$350 deductible.

We hope this helps CORPlan participants better understand the changes in this benefit. If you should have any questions or concerns, please feel free to contact Rebecca Murray on 972.744.4005 or by email at becky.murray@cor.gov.

* Primary care doctors include: family practice physician, internal medicine, pediatrician, OB/Gyn

2004 Calendar Year

Doctor Visit Tracking Form

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